| | Client | #: 153 | | CON | | | |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------|--|
| ACORD CERTIFICATE OF LIABI | | | BILITY I | LITY INSURANCE | | | |
| PRODUCER Construction Underwriters, Inc 4168 Southpoint Pkwy - Ste 305 Jacksonville, FL 32216 | | | ONLY ANI HOLDER. | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | |
| Jacksonvine, PL 32210 | | | INSURERS | INSURERS AFFORDING COVERAGE | | | |
| INSURED | | | | INSURER A: IMPERIUM INSURANCE COMPANY | | | |
| Concrete Preservation and Repair, LLC JBHC, LLC; CPR Contracting, LLC | | | | INSURER B: TRAVELERS PROP & CAS INS CO | | | |
| 11468 New Berlin Road | | | | | | | |
| Jacksonville, FL 32226 | | | INSURER D: | INSURER D: INSURER E: | | | |
| COVER | AGES | | INSURER E: | | | | |
| any r May p Polic | OLICIES OF INSURANCE LISTED BELC EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDED IES. AGGREGATE LIMITS SHOWN MAY | OF ANY CONTRACT OR OTHER DO BY THE POLICIES DESCRIBED HE | CUMENT WITH RES REIN IS SUBJECT T LAIMS. | SPECT TO WHICH TH O ALL THE TERMS, I | IS CERTIFICATE MAY BE IS EXCLUSIONS AND CONDITION | SUED OR | |
| INSR ADD | D TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | E POLICY EXPIRATION DATE (MM/DD/YY) | LIMIT | rs | |
| Α | GENERAL LIABILITY | IERD0100208400 | 02/15/2016 | 02/15/2017 | EACH OCCURRENCE | \$1,000,000 | |
| | | Emp Benefits Lia | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000 | |
| | CLAIMS MADE X OCCUR | Prod & Comp Ops Contractual Liab | | | MED EXP (Any one person) PERSONAL & ADV INJURY | \$5,000 \$1,000,000 | |
| | X Binkt WOS | | | | GENERAL AGGREGATE | \$2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 | |
| | POLICY X PRO- JECT LOC | | | | | | |
| A | AUTOMOBILE LIABILITY ANY AUTO | IERD0100208300 10,000 PIP | 02/15/2016 | 02/15/2017 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 | |
| | ALL OWNED AUTOS SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | \$ | |
| | X HIRED AUTOS X NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ | |
| | x DED 1,000 x DED 1,000 | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ | |
| | ANY AUTO | | | | OTHER THAN AUTO ONLY: AGG | | |
| Α | EXCESS/UMBRELLA LIABILITY | IERD0100208500 | 02/15/2016 | 02/15/2017 | EACH OCCURRENCE | \$4,000,000 | |
| | X OCCUR CLAIMS MADE | Umbrella/Follow | | | AGGREGATE | \$4,000,000 | |
| | | Form | | | | \$ | |
| | DEDUCTIBLE RETENTION \$ - 0 - | Over: GL, Auto & WC | | | | \$ \$ | |
| C wo | RKERS COMPENSATION AND | | 02/15/2016 | 02/15/2017 | X WC STATU- TORY LIMITS ER | | |
| EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | Binkt WOS USL&H Included | | | E.L. EACH ACCIDENT | \$1,000,000 | |
| | | | | | E.L. DISEASE - EA EMPLOYER | s 1,000,000 | |
| SPE | es, describe under ECIAL PROVISIONS below | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 | |
| | ^{⊦er} nted Equip. | QT6601G391384TIL | 02/15/2016 | 02/15/2017 | \$100,000/\$300,000 2,500 Deductible | | |
| DESCRIPT | TION OF OPERATIONS / LOCATIONS / VEHIC | I CLES / EXCLUSIONS ADDED BY ENDORS | SEMENT / SPECIAL PR | OVISIONS | | | |
| | | | | | | | |
| CERTIF | ICATE HOLDER | | | CANCELLATION 10 Days for Non-Payment | | | |
| For Information | | | DATE THEREOF NOTICE TO THE | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR | | | |
| | | | REPRESENTATI | | | | |
| | | | | AUTHORIZED REPRESENTATIVE Regina S. Jotaly | | | |